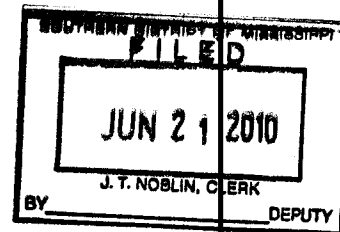


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINTDC: E Hoskins 75124E1 Post Box 14 19Leakesville ms 39451(Enter above the full name of the plaintiff or plaintiffs and prisoner
number of each plaintiff in this action)

V.

 CIVIL ACTION NUMBER: 2:10cv155-KS-MTP
 (to be completed by the Court)
MRC EPPs commPenny Buflin CID InvestigationCAP REED

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No ()
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: _____
 - Court (if federal court, name the district; if state court, name the county): _____
 - Docket Number: _____
 - Name of judge to whom case was assigned: _____
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): NO

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Ocie Haskins Prisoner Number: 75124

Address: Post Box 14 19

Leakesville ms 39451

SMCI

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: ~~CAP LEW CAP HILLMAN~~ LT BREWER is employed as

Post Box 14 19 Leakesville ms 39451

at SMCI

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF(S):

NAME:

Ocie Haskins 75124
~~GEORGE HASKINS 75124~~
~~GEORGE HASKINS 75124~~
~~WALTER~~
~~LT ROSS~~
~~CAP HILLMAN~~
~~CAP HILLMAN~~

ADDRESS:

Post Box 14 19 Leakesville ms 39451 SMCI
Post Box 14 19 Leakesville ms 39451
Post Box 14 19 Leakesville ms 39451

DEFENDANT(S):

NAME:

CAP LEW CAP HILLMAN
~~LT FORK CAP LAW FORD~~
~~CAN~~
~~JOHNSON~~
~~LT RUSS CAP HILLMAN~~
~~LT RUSS CAP HILLMAN~~
Ronny King SUPERintendent
OFFICE CAP Hillman
OFFICE BREW
~~LT ROSS~~
OFFICE Stowers

ADDRESS:

Post Box 14 19 Leakesville ms 39451
SMCI
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Post Box 14 19 Leakesville ms 39451

ADMINISTRATIVE REMEDIES PROGRAM

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

☒ Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

☒ Yes () No ()

C. Did you present the facts relating to your complaint in the administrative or grievance procedure in your institution?

☒ Yes () No ()

1. If you answer to C is yes,

a. State the date your claims were presented: JAN 8 2010

b. State how your claims were presented. (Written request, verbal request, request for forms)

written Request

c. State the result of that procedure. (You must attach a copy of the final result, such as a certificate from the administrator of the Administrative Remedies Program stating that you have exhausted your administrative remedies.)

2. If you have not filed a grievance, state the reasons: No

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

ON A POISSI ABOVE DATE JAN 20-10 I WAS JUMP ON BY 6 GAME MEMBER
 I did Address this matt to the watch command before this matt took place
 I told the watch command donot send me back to the Buil2 BECAUSE THERE IS 6
 GAME MEMBER PLAIN TO JUMP ON ME WHEN I COME BACK TO THE BUIL2 WHEN I WENT BACK TO THE
 BUIL2 THEM 6 GAME MEMBER JUMP ON ME THERE WAS A OFFICE NAME OFFICE JOHNSON PAY
 6 GAME MEMBER TO JUMP ON ME I TOLD THE WATCH COMMAND I FEEL FOR MY LIFE IF I GO BACK TO THE
 BUIL2 SINCE PUT MY LIFE IN DANGER I did REQUEST FOR PC THEY STATE THEY WAS NOT GOING TO PUT
 ME ON PC THEN THE WATCH COMMAND SEND ME BACK TO THE BUIL2 A SECOND LATER SOON I WENT
 BACK TO THE BUIL2 I WAS JUMP ON BY 6 GAME MEMBER THEY KILL ME IN THE FACE WITH THERE FEET
 I WAS SEND TO THE HOSP I WAS THREAT BY STAFF MEMBER FEB 16 2010 I WAS JUMP ON AGAIN
 BY THEM GAME MEMBER I did Report this to the staff they CAN SAY THEY did NOT KNOW CAUSE THEY
 WAS NOTIFY BY OFFICE JOHNSON 75124 THAT HE WAS JUMP ON IN THREAT BY GAME MEMBER IN STAFF
 AT SMCE
 MY RIGHT WAS VIOLATION BECAUSE I REPORT TO THE WATCH COMMAND ON JAN 8 2010
 THAT I FEEL FOR MY LIFE I WAS FORCE TO GO BACK TO THE BUIL2 I WAS REFUSE BY THE WATCH COMMAND
 TO GO BACK TO THE BUIL2 THAT I WAS JUMP ON BY 6 INMATE I did TOLD THE WATCH COMMAND
 IF I GO BACK TO THE BUIL2 I WILL GET JUMP ON
 I REQUEST

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE FOR THE COURT TO GIVE ME \$500 DOLLAR IN TIME SER ON MY SENTENCE
 IN PLACE ME ON 5 YEAR PROBATION 2500 4500 DOLLAR OR 3000 DOLLAR TO SELL OUT IN
 TO RELEASE ME FOR PUT MY LIFE IN DANGER
 COURT FOR THE MONEY OR JUST PAY ME 1500 DOLLAR IN TIME SER IN RELEASE ME
 I ASK THE COURT TO PAY ME CAUSE THE PRISON VIOLATION MY RIGHT I WAS RUSS
 TO THE HOSP THAT SAME NIGHT THEM GAME MEMBER JUMP ON ME EVER X STAFF
 AT SMCE WAS A WHEN TRY TO BE PLACE ON PC CAUSE I FEAR FOR MY LIFE
 THEY REFUSE TO PLACE ME IN A ONE MAN CELL I TOLD THE STAFF
 I AM NOT SAFE AT SMCE I WAS JUMP ON THE STAFF WAS WATCH IN THE 6 INMATE
 HOW JUMP ON OFFICE WAIT 25 MINN BEFORE SHE CALL SECURITY

Signed this FIRST day of JAN 8 2010 2010

OCIE HAWKINS
 Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

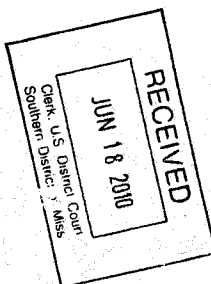
33
2010
 (Date)

OCIE HAWKINS
 Signature of plaintiff(s)

Ocie Hoskins # 75124
SMCI-II-D2-
PO Box 1415
Leakeville, MS
39451

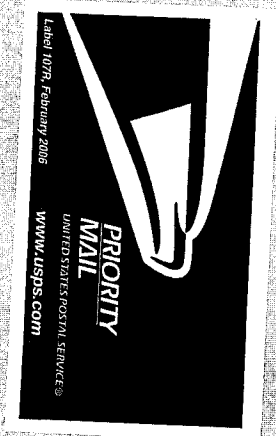
Office of Legal Services
Jumaine Legal Mail
South MS Correctional Institution
Leakeville, MS 39451

State Prison Post Legal Mail
South MS Correctional Inst.
Leakeville, MS 39451
The enclosed letter has neither been opened nor inspected.
If the writer enclosed any material not pertaining to legal
business or enclosed correspondence for forwarding to
another address, please return the enclosure to the above
address.



USDC
P.O. Box 23552
Jackson, Ms. 39225

APPROVED LEGAL MAIL



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